## Permanent Supportive Housing and Services: A New Model

### Framing for the New Model

- Board mandate to ensure all people in PSH receive appropriate supportive services
- Homeless Initiative strategy to develop supportive services standards. On-site services are considered a best practice
- Health Agency homeless workgroup developing an integrated model based on best practices

#### Framing for the New Model

- No Place Like Home
  - > \$2 billion statewide bond
  - Los Angeles is estimated to receive \$800 million
  - Depending on the leveraging, 1,500 to 5,700 units will be developed for DMH clients
- HHH -- Memorandum of Understanding between County and City of Los Angeles for County to provide services in the housing that is developed

### Framing for the New Model

- Based on the Following Principles:
  - Maximizing leveraging of each Department's resources and of MediCal
  - > Increasing efficiencies
  - Maximizing the expertise of each Department
  - Creates flow in FSPs as clients transition to on-site services

### What is Permanent Supportive Housing (PSH)?

- > SAMHSA Evidence-Based Practice
- We know it works
  - > Reduces risk of death
  - > Improves lives
  - Can result in increased engagement in Mental Health Treatment
  - > Can result in decreased drug/alcohol use
  - > Saves public money

#### What is PSH continued?

- > Targets people that are homeless and have a disability
- Tenant holds a lease and there is no time limit on length of stay (permanent)
- > Tenants have access to the support services
  - Supportive services are key to successfully maintaining housing
  - Offering services is mandatory but accepting services is voluntary
- > Affordable -- tenants pay no more than 30% of their income

## **Current DMH Model for Supportive Services in PSH**

MHSA Housing Program -- DMH invested \$126 million in the development of Permanent Supportive Housing (PSH)

> 46 projects countywide and 990 MHSA units

> 1,900 tenant based subsidies

## **Current DMH Model for Supportive Services in PSH**

- DMH does not have dedicated funding to provide services to tenants of PSH
- Services are connected to client not the housing resource
- Service commitment made by the program where the client receives at the time they are housed

### **Current DMH Model Challenges**

- > Services are not consistently on-site
- Many different mental health agencies providing services to the tenants in one building – causes confusion for property manager
- > Some programs do not provide field based services
- Some programs are unwilling to assist the client with the housing process including the housing search
- > Some programs are unable to provide the home visits
- > Some programs are concerned that they cannot bill for housing services
- Clients get disconnected from services and cases are closed so no one is seeing the client
- When there is a housing related problem (e.g. hoarding, isolation, disrupting other tenants, non-payment of rent) there is no service provider to intervene
- Developers have concerns about partnering with DMH under this model

#### What we have learned from Department of Health Services

- Intensive Case Management Services (ICMS)
  - Master Agreement
  - > Housing related supportive services
  - > Site based and mobile teams
  - Every client that is matched to housing resources is also assigned to an ICMS provider
- Developers prefer this model

### **ICMS Service Package**

- Conduct housing needs assessment
- Assist client with obtaining necessary documentation
- Assist with completing and submitting housing application
- Assist with housing search including negotiating rental agreements
- Provide eviction prevention support and intervention

### ICMS Service Package Cont.

- Conduct home visits and submit quarterly reports as required
- Assist client with accessing and keeping appointments for health, mental health and SUD services
- Assist with life skills
- > Assist with educational and volunteer opportunities
- Transportation
- Assist with obtaining benefits

## Over-Arching Goals of Redesigned Services

- Provide comprehensive services to tenants of PSH to achieve longterm stability and improved health and well-being
- Implement a standardized and easily replicable mechanism to ensure that supportive housing tenants have access to ICMS, specialty mental health and substance use services
- Utilize each Department's ability to leverage MediCal revenue to offset the cost of services including through Whole Person Care, Drug MediCal waiver and mental health MediCal

# County's Proposed New Model of Supportive Services

- Designed to ensure all of those that move into Permanent Supportive Housing receive supportive services
- One uniform County model
- Inter-Agency Intensive team
  - > Intensive Case Management Services
  - Specialty Mental Health Services
  - Substance Use Disorders
- Provides a FSP level of services
  - > Field-based, intensive, low case manager/client ratio, 24/7 response capacity, whatever it takes

#### **Permanent Supportive Housing – Menu of Services**

All Clients Will Receive
Intensive Case Management Services
(ICMS)

- More acute needs--ratio 1:20
- Less acute needs-- ratio 1:40

#### **SERVICES**

- Evaluate referrals for rental subsidy eligibility
- Conduct housing needs assessment
- Assist client with obtaining the necessary documentation for the rental subsidy application
- Assist client with completing and submitting rental subsidy application
- Assist with housing search, including negotiating rental agreements
- Provide eviction prevention support and intervention
- Conduct home visits and submit quarterly reports as required
- Assist client with accessing and keeping appointments for health, mental health and SUD services
- Collaborate with mental health and/or substance use provider
- Assist with establishing benefits
- Assist with life skills
- Assist with educational and volunteer opportunities
- Transportation

Linkage Based

Mental Health Services
Full Service Partnership - Housing

- Provide specialty mental health services
  - Clinical Assessment
    - Individual/Group Therapy
    - Case Management
    - Crisis Intervention
    - Medication Support
    - Individual/Group Rehabilitation
    - o Collateral
- Provide the Certification of Disability, which may be signed by any licensed professional.
- Collaborate with ICMS service providers

on Client Need

**Substance Use Disorder (SUD) Services:** 

- Intensive Outpatient: Provides 9 to 19 hours of treatment per week for addressing more acute substance use disorders.
- Outpatient: Provides less than 9 hours of treatment for clients with less acute substance use disorders.
- Recovery Support Services: Non-clinical, post treatment services that foster health and resilience, along with access to employment, housing, case management, education, and life goals.

Housing match:

Pool of

Clients

Client in need of PSH:

Client Assessed

completed

CES Survey Packet

Scattered Site

Project-Based

#### **Funding for New Model**

- Leverage the ICMS funding which is \$450/client/month = \$5,400/year/client
- Proposed mental health funding \$8,000/year/client including leveraged MediCal.
- Estimated 1,000 units per year
  - MHSA funding \$8 million
  - Leveraged ICMS funding \$5,400,000
  - Leveraged DMC funding unknown